



## Application Instructions

### Guidebook

Harris County has made available a PY2016 Guidebook that provides general instruction regarding policies that apply to all organizations and all funding types. These policies include eligible applicants, funding contingency provision, tax policy, conflict of interest, review criteria, monitoring and recordkeeping. Please also review the Guidebook to become familiar with the RFP timeline and other frequently asked questions about the Harris County application process.

Estimated ESG Funds available: PY2015- \$110,000 and PY2016- \$178,896

**Proposal Due Date: Tuesday, November 10, 2015 by 2:00 P.M. CDT**

Harris County Community Services Department

8410 Lantern Point Dr., Houston, TX, 77054

**Late proposals will NOT be accepted!**

### Program Specific Instructions

#### **Standards of Service**

All applicants are expected to adhere to the Harris County standards of service for Emergency Solutions Grants as submitted to HUD in April 2015. Applicants are expected to review and align programs with the standards, available at <http://www.csd.hctx.net/rfq.aspx>. Harris County, as a member of The Way Home Continuum of Care (CoC), has updated its standards to be in alignment with the priorities set forth in The Way Home CoC's Annual Action Plan and standards of service. These standards are subject to change and agencies should be aware of any modifications made to the standards during the RFP process.

#### **Systems Coordination**

The interim ESG regulations require that all ESG recipients coordinate with other federally funded targeted homeless services and mainstream resources, per 24 CFR 576.400 (b-c). This systems coordination will include required participation in coordinated access as it becomes available.

#### **Match Requirements**

The ESG program requires 100 percent dollar for dollar match. This may include cash, volunteer services, the value of donated material, staff salary related to the program, the appraised value of a building or the value of a lease on a building.

#### **HMIS Participation Required**

Agencies interested in applying to Harris County for federal funds to serve the homeless must participate in the Homeless Management Information System (HMIS), a data collection system managed by the Coalition for the Homeless of Houston/Harris County, and be in good standing



with their HMIS data entry. Domestic violence agencies are exempt from this requirement, but must utilize a comparable data system.

**Shelter and Housing Standards (Minimum Habitability Standards)**

The ESG Interim Rule establishes minimum standards for safety, sanitation, and privacy in emergency shelters (operations and renovation activities only) and minimum habitability standards for permanent housing (rapid re-housing and homelessness prevention activities). For more details, refer to 24 CFR 576.403 as well as HUD guidance at <https://www.hudexchange.info/resource/3766/esg-minimum-habitability-standards-for-emergency-shelters-and-permanent-housing/>.

**Budget and Eligible Costs**

Applicants will need to complete a budget for an expected 14 month contract period which will end February 28, 2017. However, the budget contains a monthly expenditure plan and narrative which will only need to capture the first 12 months of the contract period. Please review 24 CFR 576.104 - 106 for details regarding eligible activities and related expenses.

**Rapid Re-Housing**

The Rapid Re-Housing component consists of providing housing relocation and stabilization services and short- and/or medium-term rental assistance to help homeless families and individuals move as quickly as possible into permanent housing and achieve housing stability. Applicants for Rapid Re-Housing must provide case management services for youth and be partnered with The Houston Housing Authority for their Homeless Youth Initiative which will provide direct assistance for youth clients including rent payments and associated eligible costs such as unit inspections. Rapid Re-Housing funds may only be used to provide case management services and associated eligible costs. For more information, please refer to 24 CFR 576.104 - 106.



## Application Checklist

Applicant: \_\_\_\_\_ Project: \_\_\_\_\_

Review the following list of documentation requirements. Submit three (3) hard copies (one original and two copies) and an electronic copy of the complete application and budget forms on disk or flash drive in their original format. ALL hard copies submitted must include the following attachments in the stated order. Applications that do not contain all the required information may be considered INELIGIBLE.

- Application Checklist

**Exhibit A: Application Information (5 points)**

- Attachment A-1:** Conflict of Interest Disclosure

**Exhibit B: Project Information (38 points)**

- Attachment B-1:** Partnership Documentation
- Attachment B-2:** Intake and Screening Documents
- Attachment B-3:** Third Party Evaluation Report (if applicable)
- Attachment B-4:** Policy and Procedures Manual

**Exhibit C: Organizational Information (29 points)**

- Attachment C-1:** Articles of Incorporation
- Attachment C-2:** 501 (c) (3) documentation from IRS
- Attachment C-3:** Agency organization charts
- Attachment C-4:** Project organization charts
- Attachment C-5:** Job descriptions
- Attachment C-6:** Resumes of key personnel
- Attachment C-7:** Letters of funding commitment
- Attachment C-8:** 90-day working capital documentation
- Attachment C-9:** Board Member summary

**Exhibit D: Project Budget Information (28 points)**

- Attachment D-1:** Audit/Financial Statements and IRS Form 990
- Attachment D-2:** Single Audit (if applicable)
- RRH Personnel Detail
- RRH Non-Personnel Detail
- RRH Combined Activity Budget
- RRH Budget Summary



### Emergency Solutions Grants Program Affordable Housing Application

Original

If submitting more than one proposal, indicate the priority:

Copy

Priority 1

Priority 2

Priority 3

**Exhibit A: Application Information (5 points)**

Type of Organization: \_\_\_\_\_

Organization Legal Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Other/former names for the organization: \_\_\_\_\_

Project Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address of Project: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

What Harris County Precinct is your project located within? \_\_\_\_\_

Provide the following information:

	Name	Title	Phone	Email
<b>Program Contact-</b> Person managing the project on a daily basis				
<b>Finance Contact-</b> Person able to provide budget information				
<b>Application Contact-</b> Person writing this application				
<b>Authorized Contact-</b> Person authorized to sign contracts				



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I CERTIFY THAT I AM AUTHORIZED TO REPRESENT THE ABOVE NOTED ORGANIZATION AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS OR CONCEALMENT OF MATERIAL FACTS. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED, FUNDS COMMITTED OR CONSTRUCTION BEGUN ON THE PROPOSED PROJECT AND THAT NONE WILL BE DONE PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY HARRIS COUNTY.

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**SIGNATURE OF AUTHORIZED PERSON LISTED ABOVE**

**DATE**

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**PRINT NAME**



Did the applicant or its principals attend the HCCSD applicant workshop that was offered?

- Yes       No

In completing this application, has the applicant received technical assistance from HCCSD staff?

- Yes       No

Please read the Conflict of Interest Disclosure attachment in its entirety, complete and sign the form. Include as **Attachment A-1**.

**HMIS**

Does your agency use HMIS?

- Yes       No       Domestic Violence Provider

If yes, or if your agency is a Domestic Violence Provider with a comparable system, please describe the process for entering data into HMIS (or comparable system) including responsible parties, frequency of entry and methods for data analysis. If no, please describe the agency’s plans for becoming an HMIS user.

**Project Description**

Briefly describe the proposed project. Be specific about the goals of the project, the types of services that will be provided to achieve those goals, the population served, the anticipated number served and how this project will fulfill ESG eligible Rapid Re-Housing activities. If there is specific service area for the project, please provide a description.



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Are you aware of services or activities similar to your project provided by other organizations in Harris County?  Yes  No

If yes, briefly explain how your proposed project is different or unique from other similar projects? What safeguards are currently in place to avoid duplication of services?



**Exhibit B: Project Information (38 points)**

**Measurable Objectives**

Does the proposed project address the following PY2013-2017 Consolidated Plan Objective? Refer to descriptions of the Consolidated Plan Measurable Objectives in the Guidebook. If yes, check the corresponding box.

Objective	Priority Level
<input type="checkbox"/> Objective 4: Rapid Re-Housing	High

**Project Need and Beneficiaries**

Identify the primary beneficiaries this project will serve. Be cognizant of the target population you name in the narrative portion of this proposal. Please check the appropriate categories below:

Who are the project beneficiaries (target group) to be served? Note: Youth includes those up to age 24.

- |   |   |
|---|---|
| <input type="checkbox"/> Single Youth ages _____ to _____ | <input type="checkbox"/> Veterans                     |
| <input type="checkbox"/> Youth-Headed Families            | <input type="checkbox"/> Substance Abusers            |
| <input type="checkbox"/> Female                           | <input type="checkbox"/> Persons Living with HIV/AIDS |
| <input type="checkbox"/> Male                             | <input type="checkbox"/> Formerly Incarcerated        |
| <input type="checkbox"/> Chronically Homeless             | <input type="checkbox"/> Special Needs                |

Anticipated number of unduplicated persons served by this project: \_\_\_\_\_

Anticipated number of households served by this project: \_\_\_\_\_

**Work Plan**

Describe how the project will deliver Rapid Re-Housing case management services to youth. Also, describe the direct assistance services to be provided by The Houston Housing Authority (e.g., rental assistance, unit inspections, determination of Rent Reasonableness, etc.) and the estimated value of direct assistance that will be provided in relation to case management funding for homeless youth. Include as **Attachment B-1** documentation detailing partnership and value of direct assistance services (i.e., Memo of Understanding/Agreement).



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Describe the type and length of assistance proposed, the process for intake and assessment and how the agency determines the appropriate type and length of assistance. Describe prior experience providing the type of assistance proposed and why the assistance is likely to be successful. Include any intake, screening or assessment material for this program as **Attachment B-2**.

Describe the target population for this funding. Be specific about demographic characteristics (gender, age, race, ethnicity, disability, veteran status, etc.). Describe the outreach required to target this group and why the proposed outreach is likely to be successful.

Indicate which evidence based practice(s) your agency employs in the proposed program.

- |  |  |
|--|--|
| <input type="checkbox"/> Illness Management and Recovery | <input type="checkbox"/> Integrated Dual Disorders Treatment |
| <input type="checkbox"/> Housing First                   | <input type="checkbox"/> Trauma Informed Care                |
| <input type="checkbox"/> Critical Time Intervention      | <input type="checkbox"/> Motivational Interviewing           |
| <input type="checkbox"/> Assertive Community Treatment   | <input type="checkbox"/> Harm Reduction                      |
| <input type="checkbox"/> Other _____                     |  |

Describe the length of time your agency has employed these evidence based practices and the extent of training staff receives to utilize them effectively.



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Does your organization use a 3<sup>rd</sup> party to evaluate your program or project?  Yes  No

If yes, attach the most recent evaluation report as **Attachment B-3**.

If no, do you plan to use a 3<sup>rd</sup> party evaluator in the future?  Yes  No

Please attach a copy of your program policy and procedures manual, including program specific details, relevant grievance procedures, confidentiality and termination policies, as **Attachment B-4**. If unavailable, describe progress of development and when they will be available for review.

Describe the agency’s familiarity with, or current participation in, Coordinated Access.

Note: Participation in Coordinated Access is required for these funds.

Describe how the agency will coordinate and integrate activities covered by this grant with other targeted homeless services in the area and with mainstream housing, health, social services, employment, education and youth programs for families and individuals who are homeless in the area, as required by 24 CFR 576.400 (b) and (c).

Select which other programs you plan to or currently coordinate services from the list below.

**Homeless Programs**

- Shelter Plus Care
- Supportive Housing Program
- Section 8 Moderate Rehab for SRO
- HUD-VASH
- Education for Homeless Children and Youth
- Grants for the Benefit of Homeless Individuals
- Programs for Runaway and Homeless Youth
- Projects for Assistance in Transition from Homelessness
- Services in Supportive Housing Grants



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- Emergency Food and Shelter Program
- Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence and Stalking Program
- Homeless Veterans Reintegration Program
- Domiciliary Care for Homeless Veterans Program
- Homeless Veterans Dental Program
- Supportive Services for Veteran Families Program
- Veteran Justice Outreach Initiative

**Mainstream Resources**

- Public Housing Programs
- Housing Programs receiving assistance under Section 8
- Supportive Housing for Persons with Disabilities
- HOME Investment Partnerships Program
- Temporary Assistance for Needy Families
- Health Care Program
- State Children's Health Insurance Program
- Head Start
- Mental Health and Substance Abuse Block Grants
- Services funded under the Workforce Investment Act



**Exhibit C: Organizational Experience (29 points)**

Description of the history and purpose of the organization:

Is the organization applying for funding incorporated?  Yes  No

If so, what year was the organization incorporated? \_\_\_\_\_

As a requirement of this application, submit copies of your Articles of Incorporation as **Attachment C-1**.

Please attach 501 (c)(3) documentation from the IRS as **Attachment C-2**, the agency's organizational chart as **Attachment C-3** and project organizational chart as **Attachment C-4**. Organizational charts should include position titles, staff names, and vacant positions.

Please list all staff members who will be working directly or indirectly with the project. This information should match the information included on both the agency organizational and project organizational charts. Please indicate any vacant positions. Provide job descriptions as **Attachment C-5** and current resumes as **Attachment C-6** for the persons listed below.

Name and Title	Years/Type of Relevant Program Experience	Years/Type of Relevant Federal Experience	Years with Proposing Organization



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Has the organization previously been awarded funding from Harris County?  Yes  No  
 If so, what type of funding was awarded and when? (Provide date of award or grant term)

Has the organization previously received funding from HUD?  Yes  No  
 If so, what type of funding was awarded and when? (Provide date of award or grant term)

**Financial Capacity**

Indicate the funding for this project from other sources in the following table. For each secured funding source listed, attach a letter of funding commitment (dated no more than 6 months prior to the application) as **Attachment C-7**.

Funding Source	Amount	Status:	
		Approved or Pending	Award Date
Ex: XYZ Foundation	\$ 30,000	Pending	8/1/2015
<b>Total</b>	-		



All organizations must have 90-days working capital to ensure operational liquidity while awaiting reimbursement. Select one of the eligible sources of working capital listed below and attach supporting documentation as **Attachment C-8**. If necessary, include detailed explanation.

- Cash in Bank (provide 3 most recent bank statements or audited financial statements)
- Line of Credit (provide a letter on financial institution letterhead stating line of credit amount)
- Acct. Receivable Collection (provide recent audit, current balance sheet and evidence of validity)
- Liquidation of Securities, CD or Investments (provide copy of recent brokerage of CD statements)
- Thrift shop proceeds (provide IRS 990 or 990-T forms)
- Other- Please explain below and provide appropriate supporting documentation

**Board of Directors**

Describe criteria used to initially evaluate and select Board of Directors, i.e. background checks, credit checks, resumes. As **Attachment C-9**, include a detailed list of applicant’s Board of Directors including occupation/area of expertise and term length.

**Homeless Participation**

Describe how the agency involves homeless individuals and families in renovating, maintaining, or operating the agency, in providing services assisted under ESG, or in providing services for agency occupants. Involvement may include employed or volunteer services.